

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 20003075 STATE FILE NUMBER

VS 300
Rev. 4/59

1 0940

2 0750

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12 93-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAF 111102665

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		c. CITY OR TOWN <u>Thayer</u>	
Length of stay in 1b <u>5mo; 19da.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>GERTRUDE</u> Last <u>GLAPENSKE</u>		4. DATE OF DEATH Month <u>January</u> Day <u>17</u> Year <u>1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper and Cook - Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	
11a. FATHER'S NAME <u>William Newberry</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Ann Day</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		13. INFORMANT Address <u>Records, State Hospital No. 4/Farmington, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Cardiovascular Renal Disease of about 3 months duration, with diabetes mellitus of about 2 wks. duration.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks. duration.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Jan. 12, 1965</u> to <u>Jan. 17, 1965</u> and last saw her alive on <u>Jan. 17, 1965</u> Death occurred at <u>2:20 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William Starbuck</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	
22c. DATE SIGNED <u>1-17-65</u>		22d. LOCATION (City, town, or county) (State) <u>Camp, Arkansas (Fulton County)</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 20, 1965</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Camp Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Camp, Arkansas (Fulton County)</u>	
24. FUNERAL DIRECTOR <u>Carr Funeral Home, Thayer, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 23, 1965</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

Burial Permit issued Jan. 17-1965

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Signed Wesley K. Burson

P. O. Address Farmerington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.